

ELEVATOR SAFETY BOARD
BUREAU OF CONSTRUCTION CODES
Conference Room 3
2501 Woodlake Circle
Okemos, Michigan

A G E N D A

Friday, January 11, 2008 - 9:30 A.M.

1. Call to Order and Determination of Quorum

Approval of Minutes – November 2, 2007 (Pages 2-8)
2. Review of Elevator Contractor Applications:

Jeffrey L. Roy, Class C, SC, IPL, VPL, RES & LULA (Pages 9-12)
3. Review of Elevator Certificate of Competency Applications: (Pages 13-16)

Thomas J. Nelson, COC
4. Waiver Requests:
 - a. Schindler Elevator Corp, Sparrow Hospital, Lansing, MI (Pages 17-23)
 - b. Otis Elevator Co., Foote Hospital, Jackson, MI (Pages 24-27)
 - c. Wright & Filippis, International Baccalaureate Academy of Troy, MI (Pages 28-33)
 - d. Wright & Filippis, Muslin Community of Western Suburbs, Canton, MI (Pages 34-40)
5. Department Report:
 - a. Chief's Report
 - b. Accident Report
6. Legislative Update
7. Old Business:
 - a. U of M, Generator testing
 - b. Kone, Installation report
 - c. ThyssenKrupp, South Lyon East High School Portable lift report
8. New Business
9. Public Comment
10. Adjournment

The meeting site is accessible, including handicapped parking. Individuals attending the meeting are requested to refrain from using heavily scented personal care products, in order to enhance accessibility for everyone. People with disabilities requiring additional accommodations in order to participate in the meeting should contact Laurie Bass at (517) 241-9337 at least (10) work days before the event.



JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LABOR & ECONOMIC GROWTH
LANSING

KEITH W. COOLEY
DIRECTOR

ELEVATOR SAFETY BOARD
DEPARTMENT OF LABOR & ECONOMIC GROWTH
BUREAU OF CONSTRUCTION CODES
Conference Room 3
2501 Woodlake Circle
Okemos, Michigan 48864

MINUTES
Friday, November 2, 2007
9:30 A.M.

MEMBERS PRESENT

Mr. Joseph McNally, Chair
Mr. Richard A. Egerer
Mr. David Flint
Ms. Erin McLogan
Mr. Pat Carroll
Mr. William Kogelschatz
Mr. Antwane Maddox
Mr. Steven C. Lindsay
Mr. George Svinicki

MEMBERS ABSENT

MICHIGAN DEPARTMENT OF LABOR AND ECONOMIC GROWTH PERSONNEL
ATTENDING

Mr. Calvin Rogler, Chief, Elevator Safety Division
Mr. Douglas Dart, Assistant Chief, Elevator Safety Division
Ms. Laurie Bass, Office Supervisor, Elevator Safety Division
Ms. Dawn Smith, Administrative Support, Elevator Safety Division
Mr. Ralph Arceo, General Inspector, Elevator Safety Division

Providing for Michigan's Safety in the Built Environment

BUREAU OF CONSTRUCTION CODES
P.O. BOX 30254 • LANSING, MICHIGAN 48909
Telephone (517) 241-9337 • Fax (517) 241-6301
www.michigan.gov

OTHERS IN ATTENDANCE

Jodi Essenburg, Kone, Inc.
Mike Sovis, Kone, Inc.
Ken Litteral, Otis Elevator Co.
Doug Moerman, Otis Elevator Co.
Pete Fox, Rainbow Security Control LTD.
Paul Harloff, Brink Residence
Louis Montgomery, Kone, Inc.
Rick Thomas, Freedom Lift
Josh Jacobs, Kone, Inc.
Ryan McNally, McNally Elevator Co.

1. CALL TO ORDER AND DETERMINATION OF QUORUM

The meeting was called to order at approximately 9:30 a.m. by Chairperson McNally. A quorum was determined present at that time.

2. APPROVAL OF MINUTES

A **MOTION** was made by George Svinicki and supported by David Flint to approve the minutes of the August 17, 2007 board meeting. **MOTION CARRIED**

3. REVIEW OF ELEVATOR CERTIFICATE OF COMPETENCY APPLICATIONS

Mann, Keith A.

A **MOTION** was made by David Flint and supported by William Kogelschatz to approve Keith Mann to take the Certificate of Competency examination. **MOTION CARRIED.**

4. EXAMINATIONS

A **MOTION** was made by David Flint and supported by George Svinicki to grant the appropriate license/certificate to examinees if the applicant/s successfully pass their respective exams. **MOTION CARRIED.**

Mann, Keith A. COC

Fail

5. WAIVER REQUESTS

a. Freedom Lift, Inc., Doornbos Residence, Grand Rapids MI

Request has been made by Freedom Lift Inc. for a variance to ASME A17.1-2004 Rule 5.3.1.10.1 to allow a platform size of 17.5 ft squared, at the Doornbos Residence, 5563 Cascade Road, Grand Rapids, MI.

After discussion, a **MOTION** was made by Richard Egerer and supported by Pat Carroll to approve this variance request.

A **MOTION** was made by David Flint and supported by Richard Egerer to amend the original motion to include the following requirements to be provided with the permit application:

- Documentation from a Professional Engineer verifying a factor of safety of 5.
- Update contract data supplied from Custom Elevator to show compliance with A17.1-2004.

MOTION CARRIED

Voting on the original motion. **MOTION CARRIED**

b. McNally Elevator Co., Brink Residence, Spring Lake, MI

Request has been made by McNally Elevator for a variance ASME A17.1-2004 Rule 5.3.1.10.1 to allow a platform size of 18 ft squared, at the Brink Residence at 16180 Highland Drive, Spring Lake, MI.

After discussion, a **MOTION** was made by David Flint and supported by Steven Lindsay to approve the variance request; McNally Elevator Co. is to provide updated documentation referencing A17.1, 2004. **MOTION CARRIED.**

6. DEPARTMENT REPORT

- o Chief's Report - Mr. Rogler passed out and discussed the Chief's Report.
- o Accident Report - Accident reports received and input from August 1, 2007 through September 30, 2007 were passed out and discussed.

7. LEGISLATIVE UPDATE

None

8. OLD BUSINESS

a. Ascension, Provisional Approval, Virtuoso portable lift

Mr. Rogler reported Ascension informed him they were removing their request for provisional approval by the division and will address variance requests before the board on an as needed basis, and will work toward including specific language in next Rule set regarding portable lifts.

b. Michigan Accessibility Lifts, Portable Wheelchair lift, Wyandot Middle School

Mr. Rogler reported Michigan Accessibility Lifts informed him they were removing their request for installation of a portable lift as they are installing a permanent lift.

At this time the board was also informed, the installation requested by Acton Rental & Sales to install a portable wheelchair lift at Marian High School in Bloomfield Township has been resolved with a permanent lift being installed. Also, the installation of a portable lift at South Lyon East High School by ThyssenKrupp Elevator (approved at the 04-06-07 Elevator Safety Board Meeting) is in progress and Mr. Rogler has reminded Jim Plaunt to provide the division with sufficient lead time to provide Board members the opportunity to attend the final inspection.

c. U of M, Generator testing

Mr. Flint informed the board the University of Michigan is waiting on a quote from Otis elevator regarding the cost to test the remaining units.

d. Otis, RBI monitoring system, committee report

Mr. Ken Litteral informed the board Otis Elevator is 100% compliant on installation of the RBI monitoring system.

e. Kone, committee report

The committee presented its recommendations to the Elevator Safety board

After discussion, a **MOTION** was made by George Svinicki and supported by Pat Carroll to accept the committee's recommendation and grant a conditional approval for installation of up to 2 units in one location with the following requirement:

- The installation of the EcoSpace or MonoSpace MRL Equipment shall be in a full size "control room" configuration adjacent to the elevator hoistway or directly above the hoistway in a traditional overhead machine room configuration. In other than an overhead machine room configuration the maximum walking distance for a machine room less elevator shall be no more than twenty-five feet between the hoistway door and the control room (machine room) door with a clear unobstructed pathway adequately lit from the hoistway to the control room.
- The hoistway and control room shall be constructed as per State of Michigan Building Code requirements. In no event shall the control room have a rating less than that of the elevator hoistway.
- The control room shall have a fire-rated self-closing observation door between the control room and the hoistway that will allow observation of the elevator equipment in the hoistway and shall be of no less than twenty-four, (24), inches on any one side, (location to be approved by the Elevator Safety Division at the time of application of permit, if in the event an acceptable location is not available, alternate methods may be approved by the Elevator Safety Division). The door frame shall have a permanently mounted welded screen fabric that will not prohibit the visual activities in the hoistway but cannot be removed from either side of the door frame.
- The access (observation) door may be eliminated when the elevator is equipped with a code compliant two way communication system between the elevator car and the control (machine) room.
- All changes in the style, type or installation process of this equipment shall be provided by the manufacturer and will be submitted to the Elevator Safety Division prior to permit application on any equipment in the State of Michigan. This will also include any device or added feature required and approved when National Standards or requirements are adopted by the State of Michigan after Codes have been written or adopted for this type of equipment.
- When on-site field review of the installation is completed, the Licensed Elevator Contractor will assume all responsibility to make any changes the Division finds necessary.
- Kone shall submit in writing and / or provide any and all printed material necessary to update the EcoSpace and MonoSpace Submittal Notebooks with regard to changes, updates or technical information for the equipment to be supplied and installed to the Elevator Safety Division.
- The machine space illumination shall be not less than 10 fc.

- A copy of the written Brake Release Procedure shall be kept in the control room at all times. Appropriate signage as required for identification and release of the brake shall be provided in the control room.
- Machine replacement procedures must be available on site.
- Any Device not currently reviewed and addressed by the Elevator Safety Board, or any device currently reviewed however modified in some way, would not be granted a variance by the Elevator Safety Division and must instead appear before the Elevator Safety Board. This would include but not limited to a change in capacity, control room location, hoistway configuration, new models of current devices, suspension means, etc.
- All devices must be approved by a Licensed Professional Engineer signifying that the equipment to be submitted and installed meets the requirements of the State of Michigan Elevator Laws and Rules. The Professional Engineer shall affix his seal to the plans and drawings submitted to the Elevator Safety Division for the equipment provided.
- Upon completion of the installation the Elevator Safety Division shall review the Machine Room Less System and report their findings concerning this installation to the Elevator Safety Board. The Board may consider these findings in determining any future installations of these devices.
- It is further understood that Josh Jacobs will be the contact person at KONE Elevator Company should any problems or issues arise regarding the EcoSpace and MonoSpace installations which require clarification by the Elevator Safety Division.

MOTION CARRIED

9. NEW BUSINESS -

Dave Flint questioned why the division does not receive accident reports from contractors when workers are injured on the job. Mr. Rogler informed the board he would look into the issue and try to clarify if the responsibility of an elevator contractor is different than that of an elevator owner.

Dave Flint expressed his opinion that code update classes would be beneficial to all licensees in the elevator trade and questioned if it is within the Board's power to amend the licensing act to include continuing education for license renewals. Mr. Rogler informed the board he would research the issue.

10. PUBLIC COMMENT

Pete Fox informed the board A17.1-2007 is out, and includes language requiring all Safety devices to have a SIL (Safety Integrity Level) rating.

Mr. Fox informed the board the ASME Standards Main committee is concerned with the integrity of the ISIS's Kevlar ropes, they have had reports of 5 failings, most of the failings have been from the ropes melting, the machine kept running but the car didn't move.

Mr. Fox also informed the board the A17.7-2007 standard is out, Global Essential Safety Requirements, if adopted devices meeting this performance based standard would not need board approval for installation in Michigan.

11. ADJOURNMENT

A **MOTION** was made by George Svinicki, and supported by Richard Egerer to adjourn.
MOTION CARRIED

Chairperson McNally adjourned the meeting at approximately 11:00am.

Approved: _____
Joseph McNally, Chairperson

Date: _____

Application for Elevator Contractor License Examination

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Michigan Department of Labor & Economic Growth
Bureau of Construction Codes
Elevator Safety Division
P.O. Box 30255, Lansing, MI 48909
517-241-9337
www.michigan.gov/bcc

OFFICE USE ONLY

DIVISION ACTION	DATE
<input checked="" type="checkbox"/> SUBMITTED TO BOARD	12/27/07
<input type="checkbox"/> REJECTED	INITIALS
BOARD ACTION	DATE
<input type="checkbox"/> APPROVED	
<input type="checkbox"/> REJECTED	

EXAMINATION FEE: \$45.00 (nonrefundable)

Authority: 1967 PA 227 Completion: Mandatory As Required By Section 12 Penalty: Examination Will Not Be Given	The Department of Labor and Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.
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IMPORTANT - READ CAREFULLY

- This application must be on file in the office of the Elevator Safety Division, Department of Labor & Economic Growth, Bureau of Construction Codes, P.O. Box 30255, Lansing, Michigan, 48909, on or before the twentieth day proceeding the date of the examination.
- The applicant shall be in a position to submit sufficient information relative to his/her experience, integrity and responsibility.
- Applicant must have at least 5 years of experience as an elevator constructor or journey person in the type of elevator work for which they desire the license.
- Submit 2 written references.
- Examination applications not properly completed will be rejected.
- The examination fee must accompany this application. Make check or money order payable to the State of Michigan.
- Mail completed examination application and fee to above address.

HAVE YOU PREVIOUSLY APPLIED TO TAKE THIS EXAMINATION? ☒ No ☐ Yes

APPLICANT INFORMATION

CLASS		
<input type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C - Device Type
NAME		SOCIAL SECURITY NUMBER*
JEFFREY L. ROY		
ADDRESS		TELEPHONE NUMBER (Include Area Code)
CITY	STATE	ZIP CODE
	MI	

COMPANY REPRESENTING

COMPANY NAME		
American Accessibility Technologies		
ADDRESS		BUSINESS TELEPHONE NUMBER (Include Area Code)
P.O. Box 221		517-675-7714
CITY	STATE	ZIP CODE
Perry	MI	48872

REFERENCES - Enter below the names and addresses of three references and submit not less than two (2) written references with this application from those listed certifying your years of experience as an elevator constructor, journey person or equivalent.

NAME			NAME		
Ron Peterson			Eric Peterson		
ADDRESS			ADDRESS		
2377 PRADO VISTA			P.O. Box 221		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
Howell	MI	48843	Perry	MI	48872
NAME			NAME		
Breck Peterson					
ADDRESS			ADDRESS		
30 N. SALINA Suite 502					
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
Pontiac	MI	48342			

*This information is confidential. Disclosure of confidential information is protected by the Federal Privacy Act.

EMPLOYMENT HISTORY - Start with present or last employer and list in reverse order. (Attach additional sheets if necessary)

State definitively your qualifying installation and servicing experience on equipment, similar to that for which license is required. Give names and addresses of firms with whom employed, duties, length of service and dates of employment. Present available documentary evidence to substantiate experience.

NAME OF PRESENT OR LAST EMPLOYER <i>American Accessibility Technologies</i>			DATES EMPLOYED (Month / Day / Year) FROM: <i>02/20/02</i> TO: <i>Present</i>	
ADDRESS <i>P.O. Box 221</i>	CITY <i>Perry</i>	STATE <i>MI</i>		
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) <i>Journeyperson</i>		YOUR SUPERVISOR'S NAME AND TITLE <i>Eric Peterson / Contractor</i>		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <i>New Elevator Construction, Maintenance, Service, Repair, Modification, Testing</i>				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <i>Freight Elevators, Traction Elevators, Vertical and Traction Lifts, Stage Chairs, LULAS, Residence Elevators, And Dumbwaiters</i>				
NAME OF PREVIOUS EMPLOYER			DATES EMPLOYED (Month / Day / Year) FROM: TO:	
ADDRESS	CITY	STATE		
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.)		YOUR SUPERVISOR'S NAME AND TITLE		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.)				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.)				
NAME OF PREVIOUS EMPLOYER			DATES EMPLOYED (Month / Day / Year) FROM: TO:	
ADDRESS	CITY	STATE		
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.)		YOUR SUPERVISOR'S NAME AND TITLE		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.)				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.)				

If you have a disability and require an accommodation to take the examination, please submit written documentation from a professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation. Forms are available from this office.

CERTIFICATION AND SIGNATURE

I certify all statements are true to the best of my knowledge and that all work shall be done according to the State of Michigan elevator law, rules and regulations adopted by the Elevator Safety Board.	
I also certify I am actively employed by the company I'm representing and that in the event of my leaving said firm, agree to immediately notify the Michigan Department of Labor and Economic Growth, Bureau of Construction Codes.	
SIGNATURE OF APPLICANT <i>[Signature]</i>	DATE <i>12-17-2007</i>



**AMERICAN
ACCESSIBILITY
TECHNOLOGIES, INC.**

December 18, 2007

Michigan Department of Labor & Economic Growth
Bureau of Construction Codes
Elevator Safety Division
P.O. Box 30254
Lansing, MI 48909

Attn: Elevator Safety Board

Re: Mr. Jeff Roy, contractor examination

Dear Board Members,

I have had the pleasure of teaching, supervising, and working with Jeff Roy for almost 6 years. He started with me as an apprentice in February of 2002. Jeff has shown himself to be an intelligent, honorable, hardworking man of integrity. His experience includes Elevators, Freight Elevators, Incline Elevators, Vertical and Incline Platform Lifts, Stair chairs, LULA's, Residence Elevators, and Dumbwaiters.

In all ways at all times Jeff has shown a desire to know all aspects of the Elevator Industry. Jeff is always the first to go to the various codebooks to verify field questions and implement the knowledge gained. Jeff has been in the construction industry most of his life starting as a young man in the his fathers building business. He is very attuned to the responsibilities inherent in the industry.

I have no doubt that Jeff will be an excellent addition to the Elevator Contracting Industry.

While Jeff's experience would qualify him to sit for the "Class A" test, he has elected to apply to sit for the "Class C" contractors test. I heartily support his decision.

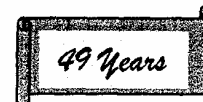
Thank you for your time and consideration.

Respectfully,

Eric T. Peterson
Class A Contractor
American Accessibility Technologies, Inc.



Allways Elevator, Inc.



MAINTENANCE REPAIR BARRIER FREE

12/12/2007

Michigan Dept. of Consumer and Industry Services
Bureau of Construction Codes/Elevator Safety Division
PO Box 30254
Lansing, MI 48909

Attn: Mr. Cal Rogler, Chief Inspector

Re: Mr. Jeff Roy, contractor examination

Dear Cal,

Jeff has worked with me and for me for six years in February 2008. He has worked as a journeyman since receiving his journeyman's license. His experience spans Elevators, Platform Lifts, Stair chairs, Limited Use Limited Access elevators and Residence elevators. Jeff has shown his proficiency in all of these fields, in installation, repair and testing.

Jeff has always proven his excellent character and integrity. Jeff has also done contracting in other fields, showing me his aptitude toward contracting and his knowledge of the requirements of contracting. I feel Jeff Roy meets all of the requirements necessary to qualify for this examination.

I recommend Jeff Roy for the opportunity to take the contractor's examination for a Class "C" Elevator Contractor's License.

Thank you for your kind consideration in this matter,

Sincerely,

Ronald H. Peterson, Pres.

Allways Elevator, Inc.

NAESA

MI Class A Contractor

2377 Prado Vista, Howell, MI 48843

Tele #: ~~(517)~~ 577-6100 Fax #: (517) 548-7835

810

QEI Certified

Detroit Contractor

Application for Elevator Certificate of Competency Examination

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Michigan Department of Labor & Economic Growth

Bureau of Construction Codes

Elevator Safety Division

P.O. Box 30255

Lansing, MI 48909

517-241-9337

www.michigan.gov/bcc

OFFICE USE ONLY

DIVISION ACTION	DATE
<input checked="" type="checkbox"/> SUBMITTED TO BOARD	12/21/07
<input type="checkbox"/> REJECTED	INITIALS
BOARD ACTION	DATE
<input type="checkbox"/> APPROVED	
<input type="checkbox"/> REJECTED	

EXAMINATION FEE: \$35.00 (nonrefundable)

Authority: 1967 PA 227	The Department of Labor and Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.
Completion: Mandatory As Required By Section 12	
Penalty: Examination Will Not Be Given	

IMPORTANT - READ CAREFULLY

- This application must be on file in the office of the Elevator Safety Division, Department of Labor & Economic Growth, Bureau of Construction Codes, P.O. Box 30255, Lansing, Michigan, 48909, on or before the twentieth day proceeding the date of the examination.
- Examinations will be held at location and on dates designated by the Elevator Safety Board in accordance with 1967 PA 227.
- General inspector applicants must have 3 years of experience in elevator construction. Special inspector applicants must have 3 years of experience in designing, installing, maintaining or inspecting elevators.
- Applicant shall record his/her formal education and names of his/her previous employers, date of employment and type of work performed.
- Provide a written reference from one or more previous employers certifying the applicant's character and experience.
- Examination applications not properly completed will be rejected.
- The examination fee must accompany this application. Make check or money order payable to the **State of Michigan**.
- Mail completed examination application and fee to above address.

HAVE YOU PREVIOUSLY APPLIED TO TAKE THIS EXAMINATION? ☒ No ☐ Yes

THOMAS J NELSON 13457741-1 12/21/07
CHARGE: 200 DATE: \$35.00
BY: THOMAS J NELSON

APPLICANT INFORMATION

TYPE			
<input checked="" type="checkbox"/> General		<input type="checkbox"/> Special	
NAME		SOCIAL SECURITY NUMBER*	
Thomas John Nelson			
ADDRESS		TELEPHONE NUMBER (include Area Code)	
CITY	STATE	ZIP CODE	
	Mi		
Do you currently hold an elevator contractor license? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Class <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C License No. _____			
Do you currently hold an elevator journeyman license? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Class <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C License No. <u>68715</u>			

EDUCATION AND TRAINING

CHECK THE HIGHEST GRADE COMPLETED	
<input type="checkbox"/> 6 or Less <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input checked="" type="checkbox"/> 12	
DID YOU GRADUATE?	IF YOU HAVE NOT COMPLETED HIGH SCHOOL, HAVE YOU TAKEN THE G.E.D. TEST TO EARN HIGH SCHOOL EQUIVALENCY?
<input checked="" type="checkbox"/> Yes, Year <u>1981</u> <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
HIGH SCHOOL	
bloomfield Hills Lahser	
COLLEGE OR UNIVERSITY (ATTENDED OR ATTENDING)	
SPECIAL TRAINING	

*This information is confidential. Disclosure of confidential information is protected by the Federal Privacy Act.

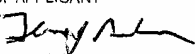
EMPLOYMENT HISTORY - Start with present or last employer and list in reverse order. (Attach additional sheets if necessary)

State definitively your qualifying installation and servicing experience on equipment, similar to that for which license is required. Give names and addresses of firms with whom employed, duties, length of service and dates of employment. Present available documentary evidence to substantiate experience.

NAME OF PRESENT OR LAST EMPLOYER Schindler Elevator			DATES EMPLOYED (Month / Day / Year) FROM: TO:	
ADDRESS 28451 Schoolcraft Rd.	CITY Livonia	STATE Mi.	05/01/05	11/19/07
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) Mechanic		YOUR SUPERVISOR'S NAME AND TITLE Eric Pierson		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) service and maitanance				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) ALL				
NAME OF PREVIOUS EMPLOYER Detroit Elevator			DATES EMPLOYED (Month / Day / Year) FROM: TO:	
ADDRESS	CITY Ferndale	STATE Mi.	03/04/04	12/15/04
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) Mechanic		YOUR SUPERVISOR'S NAME AND TITLE Johnson		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) Sevice and Repair Elevators				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) ALL				
NAME OF PREVIOUS EMPLOYER HYSENKRUPP eLEVATOR			DATES EMPLOYED (Month / Day / Year) FROM: TO:	
ADDRESS	CITY OAKPARK	STATE Mi.		
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) Mechanic		YOUR SUPERVISOR'S NAME AND TITLE		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) Service and Repair also costruction				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) ALL				

If you have a disability and require an accommodation to take the examination, please submit written documentation from a professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation. Forms are available from this office.

CERTIFICATION AND SIGNATURE

I certify all statements are true to the best of my knowledge.	
SIGNATURE OF APPLICANT 	DATE 12-12-07

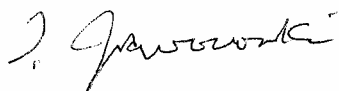
12/18/07

To whom it may concern,

I Thomas Jaworowski have worked with Thomas Nelson both in construction and service work for the past three years. I have worked under Tom as his helper, he is very knowledgeable in the elevator business. Tom is a hard worker and very reliable. If you have any questions please feel free to contact me at

Sincerely,

Thomas Jaworowski

A handwritten signature in cursive script, appearing to read 'T. Jaworowski', written in dark ink.



LOCAL UNION NUMBER THIRTY-SIX OF THE
International Union of Elevator Constructors

Phone 961-0717

P.O. Box 32451 1640 Porter Street Detroit, Michigan 48216



December 12, 2007

Michigan Department of Labor
And Economic Growth
Bureau of Construction Codes
PO Box 30254
Lansing, MI. 48909

To Whom It May Concern:

This letter is to attest the start date in the Elevator Industry of
Thomas J. Nelson, social security number
being 02-02-1989.

Please be further advised that he has experience in construction, installation,
maintaining and servicing elevator equipment.

Hoping this information is both useful and complete, we are:

Sincerely,

Richard A. Egerer
Business Manager / Financial Secretary

David Kuras
Business Representative

RAE/bs



JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LABOR & ECONOMIC GROWTH
LANSING

KEITH W. COOLEY
DIRECTOR

December 27, 2007

To: Elevator Safety Board

From: C. W. Rogler

Subject: Waiver request for Standby power tests at Sparrow Hospital in Lansing, Michigan.

Request has been made by Schindler Elevator Corp. for a waiver to item 1.17.3 of the A17.2-2001 Guide for inspection of elevators, escalators, and moving walks. This item requires all of the elevators on standby (emergency) power to be tested simultaneously with 125% of the rated load in the down direction. The hospital is requesting a waiver to test only one elevator at a time with 125% of the rated load in the down direction.

Division Recommendation

The Elevator Safety Division recommends this variance be approved provided all elevators be on standby power while each elevator; one at a time is being tested with 125% of the rated load in the down direction. Current language included in the A17.2-2007 would remove the requirement of a 125% rated load being placed on all elevators with simultaneous testing.

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December 17, 2007

Mr. Cal Rogler
State of Michigan
Elevator Safety Division
PO Box 30255
Lansing, MI 48909

Subject: Sparrow Hospital Emergency Power Operation Testing.

Dear. Mr. Cal;

This letter is to serve as our request to be added to the January 2008 Elevator Safety Board Meeting Agenda.

At that time we will be requesting a variance for the testing procedure on Emergency Generator Power at Sparrow Hospital in Lansing, MI. Refer to code 2.27.2 Emergency or Standby Power System.

The reason for the variance request is due to the hardship that would be caused to the hospital if a full load were required on each elevator at one time.

Enclosed you will find a letter from the Owner (Sparrow Health System) and additional information from HDR

Please do not hesitate to contact me with any questions you might have.

Sincerely,

Schindler Elevator Corporation

Pete A. Long
District Manager

cc: P. Pawlowski, Schindler-Lansing
M. Pawlowski, Schindler-Lansing

SPARROW

HEALTH SYSTEM

December 5, 2007

Mr. Cal Rogler
State of Michigan
Elevator Safety Division
PO Box 30255
Lansing, MI 48909

Subject: Sparrow Hospital Emergency Power Operation Testing.

Dear Mr. Rogler;

In early 2008 Sparrow Hospital will be completing an expansion to our facility that includes the installation of Six (6) new elevators in the newly constructed West Wing. A new Emergency Generator System is also being installed that has the capability to operate the entire Hospital on Emergency Power. This system consists of four (4) 2 Mega Watt generators.


Due to the hardship that would be caused by testing all elevators within the facility (new and existing) with full loads at one time, I would like to request a variance in regard to the Emergency Power testing requirements currently in place.

I would like the Code Authority to consider allowing us to test the Emergency Power System based on ASME A17.1-2007.

Our Elevator Contractor (Schindler Elevator Corp.) is being asked to submit a letter of request to be placed on the agenda for the next State of Michigan Elevator Safety Board meeting.

Thank you in advance for your help in this matter.

Sincerely,



Louie Smith
Director of Engineering & Maintenance
Sparrow Hospital

March 24, 2006

Brian Carter
Chief Electrical Inspector
Department of Planning and Neighborhood Development
Building Safety Office
316 N. Capitol Avenue-C1
Lansing, MI 48933-1238

Dear Brian:

I am the lead electrical engineer for the design of the new Sparrow West Wing Addition (WWA) and Central Utility Plant (CUP).

Sparrow Hospital has requested that the new CUP have a number of features that go well beyond minimum code requirements:

- Base Bid: Provide adequate generator capacity to serve the entire WWA and CUP, not just emergency loads, during a utility outage. This would require three (3) 2000 kW standby generators.
- Alternate Bid: Provide a fourth 2000 kW standby generator that would allow that portion of existing hospital not already served by existing standby generators to be served during a utility outage.
- Provide N+1 chiller capacity for the entire WWA, CUP and existing Sparrow Hospital.
- N+1 service transformers.
- N+1 utility circuits from LBWL.

It is our intent to provide PLC's to control the main circuit breakers in the utility switchgear so that on loss of power the normal main breakers will open and 2 feeder breakers from the generator bus will close to energize the normal switchgear and associated loads. As you can see from the attached one line diagrams, we are indicating two feeders from the generator switchgear CUPGMVSG (Sheet E-602CUP) to the normal switchgear CUPNMVSG (Sheet E-601CUP), either of which can serve the entire load.

Sparrow has clearly put a premium on providing reliable power for the facility. I believe this is in direct response to the extended blackout that impacted the facility several years ago. This approach is adding significant cost to the project and so we have attempted to identify ways to reduce cost without negatively impacting the overall reliability of the electrical system.

Brian Carter

Department of Planning and Neighborhood Development

March 24, 2006

Page Two

One suggestion was to eliminate all of the new transfer switches for the facility. This approach deserves consideration since we are providing two generator feeds, either of which can pick up the load.

The National Electrical Code (NEC) states, "The number of transfer switches to be used shall be based on reliability, design, and load considerations." The key issue in question here is reliability.

In terms of reliability, HDR looked at the single points of failure. With an automatic transfer switch, the single points of failure are the transfer switch and the associated feeder downstream of the automatic transfer switch. If automatic transfer switches are not provided the single points of failure are the switchgear bus and circuit breaker in the switchgear and the associated feeder downstream of the circuit breaker. The likelihood of a bus failure is remote so the effective difference then is the reliability of a single circuit breaker versus a transfer switch.

To increase the reliability of a transfer switch it can be specified with a combination bypass and isolation feature to allow the transfer switch to be bypassed, isolated and removed for maintenance or replacement. If a circuit breaker fails it is usually necessary to remove and replace the circuit breaker. The first approach is more quickly and easily accomplished but both are viable solutions to get power back to the load if a failure occurs.

HDR recommends that critical and life safety loads have their own automatic transfer switches with combination bypass isolation feature. This will allow the quickest reestablishment of power if the transfer switch should fail.

HDR does not feel the cost of separate transfer switches is warranted for equipment system loads. These loads are important but are not as directly tied to patient and public safety as the critical and life safety branches are. The single point of failure for the equipment system loads are the circuit breakers in the WWA substation and the CUP switchgear CUPNMSG. HDR has specified draw-out circuit breakers so if a circuit breaker fails it can be removed and replaced with a spare circuit breaker. This can be accomplished in a period of time that is acceptable for equipment system loads.

I understand that you talked to Erik Hansen about the fire pump. A fire pump will be provided with the West Wing addition. We intend to connect it ahead of the main disconnect in the west wing switchgear as indicated. The feeder circuit breaker in the central plant 13.2 kV service switchgear is the first over-current protection device upstream of the fire pump. We may or may not have a future fire pump at the central plant in the future so we are also making provisions at the main 480 volt central plant switchgear for a connection ahead of the main just in case. If you have questions about this please call to discuss. (402-399-1152)

Brian Carter

Department of Planning and Neighborhood Development

March 24, 2006

Page Three

HDR is requesting that you review and approve the proposed design. We are planning to complete the CUP design in late April so your timely response is appreciated. Please let me know if you have any questions or comments.

Sincerely,

HDR Architecture, Inc.



Joseph A. Sather
Electrical Project Engineer
PE (MI 6201 041461)

c. Louie Smith
Jon Harris
Erik Hanson
Craig Ellis
Wade Goehring
Jared Friesen
file

(ED) (d) for elevators with a rise greater than 30 m (100 ft), be duplicated as follows:

- (1) one device shall be mounted on the car
- (2) a second device shall be placed at the designated level

2.27.2 Emergency or Standby Power System

Where an emergency or standby power system is provided to operate an elevator in the event of normal power supply failure, the requirements of 2.27.2.1 through 2.27.2.5 shall be complied with.

2.27.2.1 The emergency or standby power system shall be capable of operating the elevator(s) with rated load (see 2.16.8), at least one at a time, unless otherwise required by the building code.

2.27.2.2 The transfer between the normal and the emergency or standby power system shall be automatic.

2.27.2.3 An illuminated signal marked "ELEVATOR EMERGENCY POWER" shall be provided in the elevator lobby at the designated level to indicate that the normal power supply has failed and the emergency or standby power is in effect.

2.27.2.4 Where the emergency or standby power system is not capable of operating all elevators simultaneously, requirements of 2.27.2.4.1 through 2.27.2.4.5 shall be conformed to.

2.27.2.4.1 A selector switch(es) marked "ELEVATOR EMERGENCY POWER" in red lettering a minimum of 5 mm (0.25 in.) in height, that is key-operated or under a locked cover (see 2.27.8), shall be provided to permit the selection of the elevator(s) to operate on the emergency or standby power system. The key shall be Group 3 Security (see 8.1).

2.27.2.4.2 The selector switch(es) positions shall be marked to correspond with the elevator identification number (see 2.29) and a position marked "AUTO."

2.27.2.4.3 The selector switch(es) shall be located at the designated level in view of all elevator entrances, or if located elsewhere means shall be provided adjacent to the selector switch(es) to indicate that the elevator is at the designated level with the doors in the normally open position.

2.27.2.4.4 When the selector switch is in the "AUTO" position, automatic power selection shall be provided, that will return each elevator that is not on designated attendant operation, inspection operation, or Phase II In-Car Emergency Operation, one or more at a time, to the recall level. Failure of the selected car to move shall cause power to be transferred to another car.

2.27.2.4.5 The selector switch(es) positions corresponding to the elevator identification numbers (see 2.29.1) shall override the automatic power selection.

Operation of the selector switch(es) shall not cause power to be removed from any elevator until the elevator is stopped.

NOTE (2.27.2.4): The selector switch(es) should normally be placed in the "AUTO" position.

2.27.2.5 When the emergency or standby power system is designed to operate only one elevator at a time, the energy absorption means (if required) shall be permitted to be located on the supply side of the elevator power disconnecting means, provided all other requirements of 2.26.10 are conformed to when operating any of the elevators the power might serve. Other building loads, such as power and lights that can be supplied by the emergency or standby power system, shall not be considered as a means of absorbing the regenerated energy for the purposes of conforming to 2.26.10, unless such loads are normally powered by the emergency or standby power system.

2.27.3 Firefighters' Emergency Operation: Automatic Elevators (07)

Firefighters' Emergency Operation shall apply to all automatic elevators except where the hoistway or a portion thereof is not required to be fire-resistive construction (see 2.1.1.1), the rise does not exceed 2 000 mm (80 in.), and the hoistway does not penetrate a floor.

NOTE (2.27.3): When the structure (building, etc.) is located in a flood hazard area, the alternate and designated levels (see 8.12.1) should be above the base flood elevation.

2.27.3.1 Phase I Emergency Recall Operation

2.27.3.1.1 A three-position key-operated switch (07) that will not change position without a deliberate action by the user, shall be

(a) provided only at the designated level for each single elevator or for each group of elevators.

(b) labeled "FIRE RECALL" and its positions marked "RESET," "OFF," and "ON" (in that order), with the "OFF" position as the center position. The "FIRE RECALL" letters shall be a minimum of 5 mm (0.25 in.) high in red or a color contrasting with a red background.

(c) located in the lobby within sight of the elevator or all elevators in that group and shall be readily accessible.

2.27.3.1.2 An additional key-operated (07) "FIRE RECALL" switch, with two positions that will not change position without a deliberate action by the user, marked "OFF" and "ON" (in that order), shall be permitted only at the building fire control station.

2.27.3.1.3 The switch(es) shall be rotated clockwise to go from the "RESET" (designated level switch only), to "OFF" to "ON" positions. Keys shall be removable only in the "OFF" and "ON" positions.

2.27.3.1.4 Only the "FIRE RECALL" switch(es) (055) or fire alarm initiating device located at floors that are



JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LABOR & ECONOMIC GROWTH
LANSING

KEITH W. COOLEY
DIRECTOR

December 27, 2007

To: Elevator Safety Board

From: C. W. Rogler

Subject: Waiver request for Standby power tests at Foote Hospital in Jackson, Michigan.

Request has been made by Otis Elevator Corp. for a waiver to item 1.17.3 of the A17.2-2001 Guide for inspection of elevators, escalators, and moving walks. This item requires all of the elevators on standby (emergency) power to be tested simultaneously with 125% of the rated load in the down direction. The hospital is requesting a waiver to test only the three newly installed elevators.

Division Recommendation

The Elevator Safety Division does not recommend approving this variance. We recommend all elevators be on standby power while each elevator; one at a time is being tested with 125% of the rated load in the down direction. Current language included in the A17.2-2007 would remove the requirement of a 125% rated load being placed on all elevators with simultaneous testing.

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Otis Elevator Company

North American Area

3765 Boradmoor Avenue, SE, Suite J

Grand Rapids, MI 49512

(616) 975-3022 ext. 16, Telephone

(616) 975-1982 Fax



Otis

A United Technologies Company

December 20, 2007

Mr. Calvin Rogler – Chief Elevator Inspector
State of Michigan – Dept. of Consumer & Industry Services
Bureau of Construction Codes
6546 Mercantile Way
Lansing, MI 48911

Reference: Variance for January 11, 2008 9:30am meeting
2.27.2 Emergency or Standby Power System (Attachment A)

Dear Mr. Rogler,

Otis would like apply for a variance at the Foote Hospital expansion project in Jackson, Michigan. We are installing three (3) new traction elevators and plan to perform an emergency power generator test during the State elevator inspection. There are four (4) other elevators supplied with emergency power from the same generator system. (Attachment B)

We are seeking a variance to allow Otis to perform Emergency Power Generator test on the three (3) newly installed elevators only. I understand the next meeting is January 11th at 9:30am and would like to be placed on you agenda. Please feel free to contact me with any questions.

Sincerely,



Scott Barron

Senior Account Executive

CC: Jim Pokorney
Paul Payne
Aric Crake

"A"

2.27.2 Emergency or Standby Power System

Where an emergency or standby power system is provided to operate an elevator in the event of normal power supply failure, the requirements of 2.27.2.1 through 2.27.2.5 shall be complied with.

2.27.2.1 The emergency or standby power system shall be capable of operating the elevator(s) with rated load (see 2.16.8), at least one at a time, unless otherwise required by the building code.

2.27.2.2 The transfer between the normal and the emergency or standby power system shall be automatic.

2.27.2.3 An illuminated signal marked "ELEVATOR EMERGENCY POWER" shall be provided in the elevator lobby at the designated level to indicate that the normal power supply has failed and the emergency or standby power is in effect.

2.27.2.4 Where the emergency or standby power system is not capable of operating all elevators simultaneously, requirements of 2.27.2.4.1 through 2.27.2.4.5 shall be conformed to.

2.27.2.4.1 A selector switch(es) marked "ELEVATOR EMERGENCY POWER" in red lettering a minimum of 5 mm (0.25 in.) in height, which is key-operated or under a locked cover (see 2.27.8), shall be provided to permit the selection of the elevator(s) to operate on the emergency or standby power system. The key shall be Group 3 Security (see 8.1).

2.27.2.4.2 The selector switch(es) positions shall be marked to correspond with the elevator identification number (see 2.29) and a position marked "AUTO."

2.27.2.4.3 The selector switch(es) shall be located at the designated level in view of all elevator entrances, or if located elsewhere means shall be provided adjacent to the selector switch(es) to indicate that the elevator is at the designated level with the doors in the normally open position.

2.27.2.4.4 When the selector switch is in the "AUTO" position, automatic power selection shall be provided, which will return each elevator that is not on designated attendant operation, inspection operation or Phase II In-Car Emergency Operation, one or more at a time, to the recall level. Failure of the selected car to move shall cause power to be transferred to another car.

2.27.2.4.5 The selector switch(es) positions corresponding to the elevator identification numbers (see 2.29.1) shall override the automatic power selection. Operation of the selector switch(es) shall not cause power to be removed from any elevator until the elevator is stopped.

NOTE (2.27.2.4): The selector switch(es) should normally be placed in the "AUTO" position.

2.27.2.5 When the emergency or standby power system is designed to operate only one elevator at a time, the energy absorption means (if required) shall be permitted to be located on the supply side of the elevator power disconnecting means, provided all other requirements of 2.26.10 are conformed to when operating any of the elevators the power might serve. Other building loads, such as power and lights that can be supplied by the emergency or standby power system, shall not be considered as a means of absorbing the regenerated energy for the purposes of conforming to 2.26.10, unless such loads are normally powered by the emergency or standby power system.

2.27.3 Firefighters' Emergency Operation: Automatic Elevators

Firefighters' Emergency Operation shall apply to all automatic elevators except

(a) where the hoistway or a portion thereof is not required to be fire-resistive construction (see 2.1.1.1), the travel does not exceed 2 000 mm (80 in.), and the hoistway does not penetrate a floor

(b) in jurisdictions enforcing the NBCC where the NBCC does not require Firefighters' Emergency Operation

Where Firefighters' Emergency Operation is provided voluntarily these requirements shall also apply.

2.27.3.1 Phase I Emergency Recall Operation

2.27.3.1.1 A three-position key-operated switch shall be

(a) provided only at the designated level for each single elevator or for each group of elevators.

(b) labeled "FIRE RECALL" and its positions marked "RESET," "OFF," and "ON" (in that order), with the "OFF" position as the center position. The "FIRE RECALL" letters shall be a minimum of 5 mm (0.25 in.) high in red or a color contrasting with a red background.

(c) located in the lobby within sight of the elevator or all elevators in that group and shall be readily accessible.

2.27.3.1.2 An additional key-operated "FIRE RECALL" switch, with two positions, marked "OFF" and "ON" (in that order), shall be permitted only at the building fire control station.

2.27.3.1.3 The switch(es) shall be rotated clockwise to go from the "RESET" (designated level switch only), to "OFF" to "ON" positions. Keys shall be removable only in the "OFF" and "ON" positions.

2.27.3.1.4 Only the "FIRE RECALL" switch(es) or fire alarm initiating device located at floors that are served by the elevator, or in the hoistway, or in the elevator machine room (see 2.27.3.2) shall initiate Phase I Emergency Recall Operation.

2.27.3.1.5 All "FIRE RECALL" switches shall be provided with an illuminated visual signal to indicate



Attachment B

Foote Elevators on same generator system

1. ED elevator is on emergency generator.
2. Anderson building elevator is on emergency generator.
3. Main tower has a bank of 4 elevators on generator (Transfer system allows 1 to run at a time)
4. Main building has a bank of 3 elevators on generator (Transfer system allows 1 to run at a time)
5. Expansion project (New Otis units) has three elevators which will undergo Emergency generator test.

We understand that a total of seven (7) elevators can run at a time on emergency generator.



JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LABOR & ECONOMIC GROWTH
LANSING

KEITH W. COOLEY
DIRECTOR

December 27, 2007

To: Elevator Safety Board

From: C. W. Rogler

Subject: Request for a variance to ASME A18.1-2003

Request has been made by Wright & Filippis to install a portable wheelchair lift at The International Baccalaureate Academy of Troy, in Troy, Michigan. This application is to provide access to the stage in an existing cafeteria/auditorium.

Division Recommendation

The elevator safety board has on occasion granted a variance for the installation of portable platform lifts with the following conditions:

The lift shall be attendant-operated. The attendant shall be summoned by means of a clearly labeled attendant call device located at each landing.

The attendant shall operate the lift by means of a continuous-pressure switch so located to provide the attendant full view of the floor area under the lift and full view of the lift throughout its travel. A manually reset emergency stop switch shall also be provided at that location.

No controls, other than an emergency stop switch, shall be provided in the car.

A key operated switch shall be provided at the operator station which will allow the up and down control switches to become effective only when the key is in the on position. The key operated switch shall be operated by a lock having a five pin or five disk combination with a key removable only in the off position.

The underside of the platform shall be equipped with a device which, if the platform is obstructed in its downward travel by a force not to exceed 4 lbf applied anywhere on its underside, will actuate an electric contact which shall cause electric power to be removed from the driving machine motor and brake and cause the platform to stop its downward motion within 2 inches.

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A smooth vertical fascia of unperforated construction shall be fastened securely from the upper landing sill to the level of the lower landing sill. It shall be equal to or stronger than 0.0598 in. sheet steel and guard the full width of the platform. The fascia shall not be permanently deformed when a force of 125 lbf is applied on any 4 in. by 4 in. area.

Platform entrances shall be protected by a metal guard not less than 1/8" thick and not less than 9" high and shall extend the full width of the platform entrance and:
the guard for the lower landing may be actuated automatically by movement from the landing
the device shall not operate unless the guard for the upper landing is in the upright position
the upper landing guard shall be actuated by the attendant, or:
the platform entrances shall be protected by a platform door of unperforated construction at least 42" high with a combination mechanical lock and electric contact.

A special cap cord connector and dedicated outlet at the platform lift location.

The device shall be positioned to prevent lateral movement during use.

When the platform lift is not being used to service the stage area it shall be removed from the location and stored.



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December 20, 2007

Cal Rogler, Chief
Elevator Safety Division
Bureau of Construction Codes
P.O. Box 30254
Lansing, MI 48909

Dear Chief Rogler,

This letter is a request to be placed on the upcoming Elevator Safety Board Meeting scheduled for January 11, 2008. The International Baccalaureate Academy of Troy (1291 Torpey, Troy, MI) part of the Troy, MI School district requests a variance to use a portable wheelchair lift to access the stage in an existing cafeteria/auditorium.

The lift will be installed using the following guidelines;

- 1) attendant operated pendant controls
- 2) platform gate
- 3) cap cord connector and dedicated outlet
- 4) lift will be secured when in position
- 5) lift will be permitted and then inspected after initial installation prior to being moved
- 6) mandatory 180-day maintenance with inspection every 2 years

The client is aware that the lift, if approved is attendant-operated only with constant-pressure control and key operation in the "on" position only. There will be no controls in-cab other than an emergency stop switch. The unit will include an underpan sensor to stop the downward motion if an obstruction is beneath the platform.

A smooth vertical fascia of unperforated construction shall be fastened securely from the upper landing sill to the level of the lower landing sill. The lift will include an upper and lower landing gate not less than 42" high with mechanical lock and electric contact. The device will be positioned to prevent lateral movement during use.

(cont.)

When the platform lift is not being used to service the stage it shall be removed from the location and stored at a location away from the stage. The lift is required in the event a disabled person or person with ambulatory difficulty requires access to the stage, typically for after-school programs and school assemblies. This lift is not being installed to comply with ADA or Barrier-Free requirements, merely as an assist for individuals unable to easily access the stage via the four stair treads, a vertical rise of 31" above the cafeteria floor.

The portable platform lift we are proposing to use is the BC-60 Portable Wheelchair Lift by National Wheel-O-Vator.

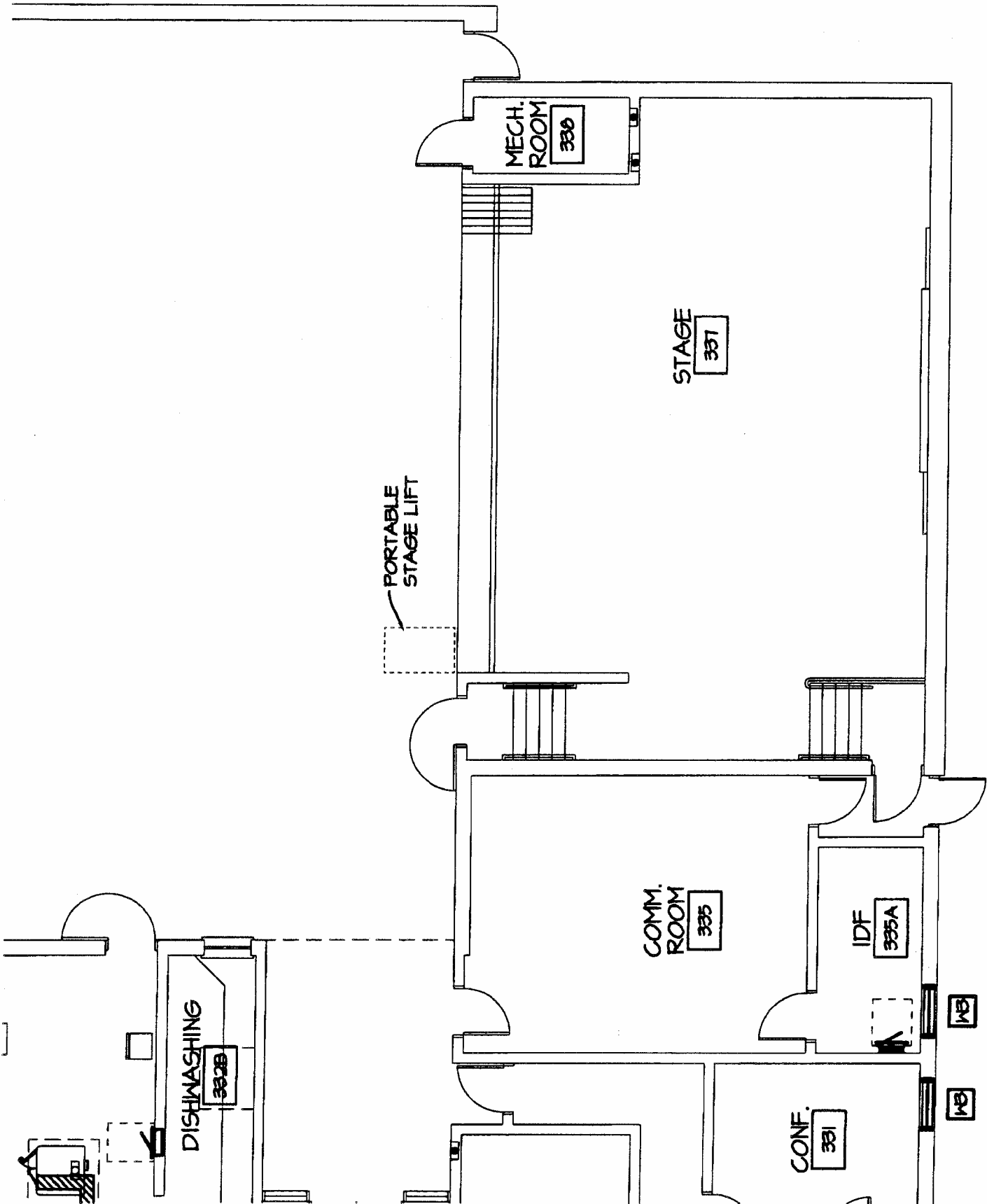
Your consideration in this matter would be appreciated. I have included two pages submitted by the architectural firm Kingscott and Associates, with comments.

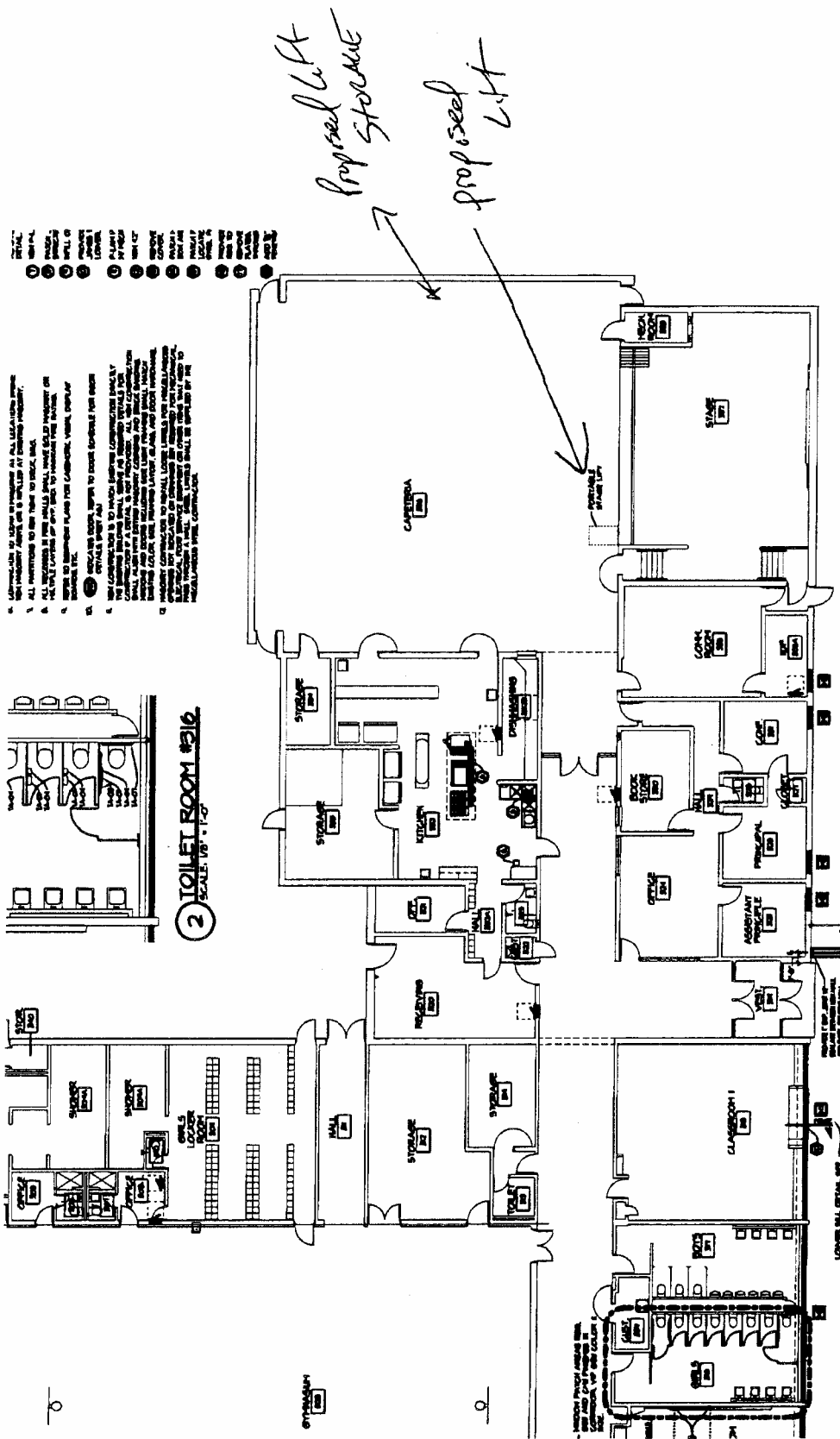
Thank you,



Ernie Fox
Sales Representative
Wright & Filippis
Lifts, Elevators & Ramps Division









JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LABOR & ECONOMIC GROWTH
LANSING

KEITH W. COOLEY
DIRECTOR

December 27, 2007

To: Elevator Safety Board

From: C. W. Rogler

Subject: Request for a variance to ASME A18.1-2003

Request has been made by Wright & Filippis to allow a vertical platform lift to exceed the 12' maximum travel limitations in section 2.7.1 of ASME A18.1-2003 at The Muslim Community of Western Suburbs in Canton, Michigan.

Division Recommendation

The ASME A18.1 – 2005 edition, which the Elevator Safety Division will be proposing for adoption this coming year, allows for 14 feet of travel. As this variance is requesting a rise of approximately 13 feet the division recommends this variance be approved.

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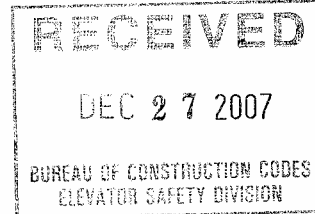


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Mr. Cal Rogler, Chief
Elevator Safety Division
Bureau of Construction Codes
P.O. Box 30254
Lansing, MI 48909

Dear Mr. Rogler,

This letter is a request to be placed on the upcoming Elevator Safety Board meeting on January 11, 2008. The Muslim Community of Western Suburbs (MCWS) located at 40440 Palmer Rd., Canton, MI 48188-2034 is asking for a variance to allow a wheelchair lift to travel up to 156".

The code we are looking to get relief from is ASME A18.1-2003, 2.7.1, which states, "The travel shall not exceed 12 ft nor penetrate a floor". The MCWS has an existing building that has a floor to floor travel of 155". Referencing the current ASME A18.1-2005 code, that Michigan Elevator Safety Division has not yet adopted, section 2.7.1 states, "The travel shall not exceed 14 ft nor penetrate a floor".

The vertical platform lift that we are proposing to install is capable of traveling up to 168". The lift will be in a fully enclosed constructed hoistway and will meet all of the Michigan Elevator safety codes.

Thank you for your time and consideration.

Sincerely,

Jeremia Filippis
Wright & Filippis, Inc.
Sales & Marketing Representative
Lift, Elevator & Ramp Department

**MICHIGAN EDUCATION COUNCIL
40440 PALMER ROAD
CANTON TOWNSHIP, MICHIGAN 48188**

December 21, 2007

Mr. Cal Rogler
Bureau of Construction Codes
Elevator Safety Division
Lansing, Michigan

Subject: Request for Elevator Variance
MEC Worship Facility

Dear Mr. Rogler

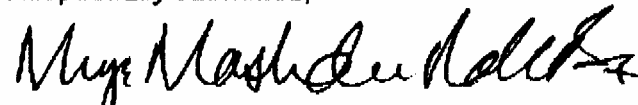
In an effort to facilitate a handicapped access for a couple of our senior citizens to the worship annex located in the basement level of the building, a limited use lift has been proposed by the Board of Directors to be installed in the existing shaft, which was constructed years ago.

Our discussion with several of the equipment manufacturers concluded that the travel span between the basement level and the first floor is 10 inches beyond the standard 12-foot permissible span. Our evaluation of other options of modifying the shaft structure to install a standard elevator unit has proven to be structurally restrictive, and their costs for this non-profit worship facility are considered prohibitive and are unattainable for many years to come.

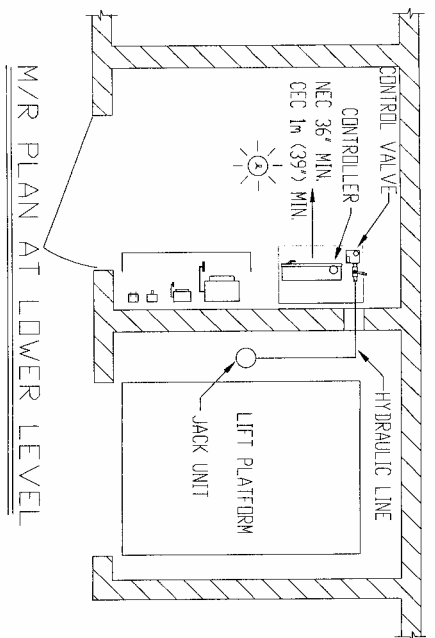
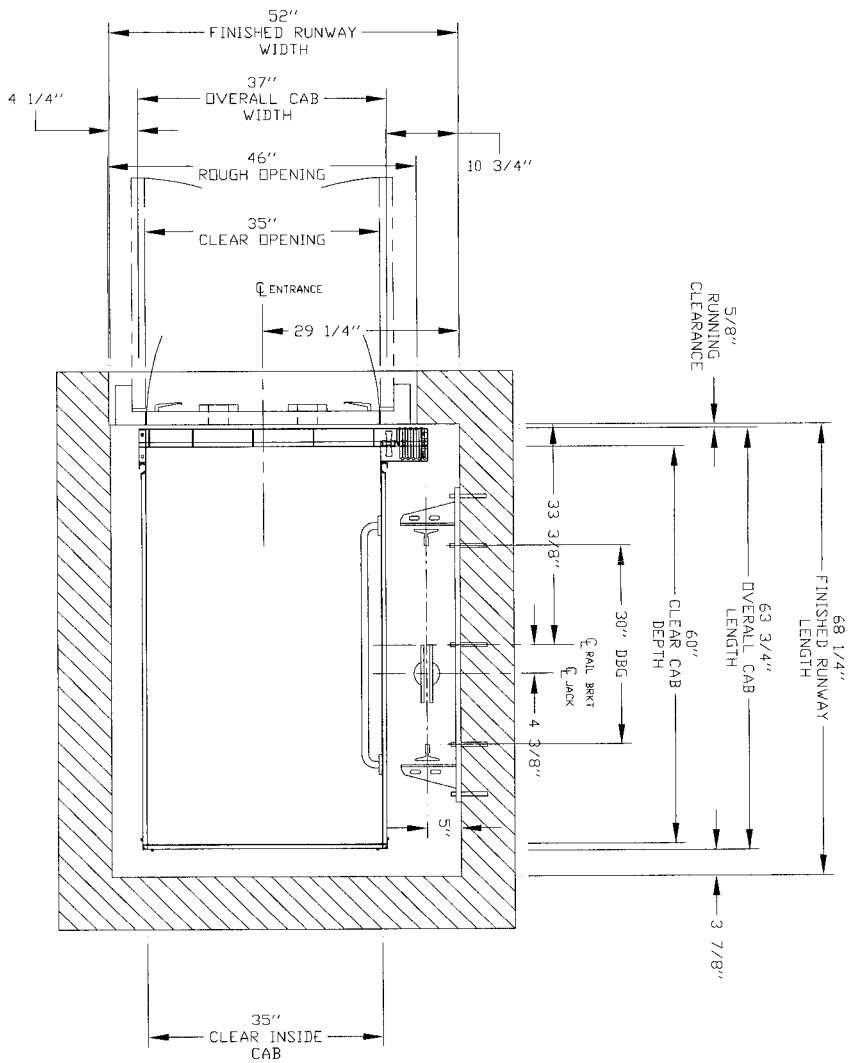
By submitting this letter on behalf of our Board of Directors and our handicapped senior worshippers, we respectfully request your consideration of a variance to allow for the installation of a limited use lift within the available shaft. All necessary modifications to accommodate the current span and to meet all safety standards as well as State of Michigan Regulations will be adhered to by the selected manufacturer.

Your kind consideration of our hardship is truly appreciated. Please do not hesitate to call me if I can be of any service or can provide you with further information or clarification.

Respectfully submitted,



Mirza Rabbai, P.E.
Secretary to the Board of Directors
Direct (313) 999-0045



PLAN VIEW

CUSTOMER: WRIGHT & FILIPPIS INC.
 PROJECT: 40440 Palmer Rd. Canton, MI 48188
 DATE: 12/21/07
 DESIGNED BY: 12/21/07
 CHECKED BY: 12/21/07
 APPROVED BY: 12/21/07

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 1 OF 4

OFFICE USE ONLY
 CONFIGURATION VERSION: 210
 MODEL VERSION: V-S-29

Report No: 4
 Worksheet No: 1

PROVISIONS BY OTHERS

*GENERAL

HOISTWAY - THE HOISTWAY MUST BE IN ACCORDANCE WITH NATIONAL US/ASME (SEE APPLIED CODE), ALL STATE AND LOCAL CODES.

PLUMB HOISTWAY - DUE TO CLOSE RUNNING CLEARANCES OWNER/AGENT MUST ENSURE THAT HOISTWAY AND PIT (WHERE PROVIDED) ARE LEVEL, PLUMB AND SQUARE AND ARE IN ACCORDANCE WITH THE DIMENSIONS ON THESE DRAWINGS.

MINIMUM OVERHEAD CLEARANCE: OWNER/AGENT MUST ENSURE MINIMUM OVERHEAD CLEARANCE IS IN COMPLIANCE WITH CODES.

CONSTRUCTION SITE: OWNER/AGENT TO PROVIDE ALL MASONRY, CARPENTRY AND DRIVEWAY WORK AS REQUIRED AND SHALL PATCH AND MAKE GOOD (INCLUDING FINISH PAINTING) ALL AREAS WHERE WALLS/FLOORS MAY REQUIRE TO BE CUT, DRILLED OR ALTERED IN ANY WAY TO PERMIT THE PROPER INSTALLATION OF THE LIFT.

DIMENSIONS

CONTRACTOR/CUSTOMER TO VERIFY ALL DIMENSIONS AND REPORT ANY DISCREPANCIES TO OUR OFFICE IMMEDIATELY.

*STRUCTURAL

ELEVATOR/SERVERT WALL LOADS - STRUCTURAL ENGINEER TO ASSURE TMA BUILDING AND SHAFTHILL SAFETY SUPPORT ALL LOADS IMPROSED BY THE EQUIPMENT REFERRED TO THE TABLES ON THIS DRAWING FOR LOADS IMPROSED BY THE EQUIPMENT. ACCESS WHERE DOORS ARE REQUIRED: SUITABLE LINTELS MUST BE PROVIDED BY OWNER/AGENT. DOOR FRAMES ARE NOT DESIGNED TO SUPPORT OVERHEAD WALL LOADS.

*MACHINE ROOM

LOCATION / ACCESS - MACHINE ROOM LOCATED AT THE LOWEST LEVEL ADJACENT TO HOISTWAY UNLESS SHOWN OTHERWISE ON THE LAYOUT DRAWINGS. FIELD ADJUSTMENT BY INSTALLER MAKE NECESSARY TO MEET JOB SITE CONDITIONS OR REGULATIONS. ACCESS TO MACHINE ROOM TO BE THROUGH A SELF CLOSING LOCKABLE DOOR. SLEEVES FOR OIL & ELECTRIC LINES - FROM MACHINE ROOM TO RUNWAY AS REQUIRED. (POSITION PER INSTALLERS INSTRUCTIONS).

DISCONNECTING DEVICES	SIZE	FUSE SIZE	VOLTS	PHASE	AMPERAGE
MOTOR & EQUIP	100 AMPS	120 AMPS	230	3-Phase	15.9
CAB LIGHTS	15 AMPS	15	V	1	

*ELECTRICAL

POWER SUPPLY - (SEE SPECIFICATIONS) LOCKABLE FUSED DISCONNECT WITH AUXILIARY CONTACT TO BREAK THE BATTERY FEED OR CIRCUIT BREAKERS WITH A 3-POLE BREAKER FOR BATTERY FEED REQUIRED. IN COMPLIANCE WITH ELECTRICAL CODE, AS FOLLOWS:
LOCATED ON WALL ON LOCK JAMB SIDE OF MACHINE ROOM DOOR. PERMANENT POWER BEFORE INSTALLATION CAN BEGIN. PERMANENT POWER MUST BE SUPPLIED.
LIGHTING - OWNER/AGENT TO ENSURE AT LEAST 9.3 FTC OR 100 LUX AMBIENT LIGHTING OVER LIFT AREA.

*ENTRANCES

FASCIA PANEL, BELLOW UPPER LEVEL ENTRANCE - WHERE REQUIRED, FASCIA PANEL MUST BE FASTENED TO A SOLID WALL AND BE FASTENED TO SELF-SUPPORTING FOR DOOR CONTROLS RUNS VOID OF ENTRANCES. ADEQUATE SUPPORT FOR THE ENTRANCE ASSEMBLY. ENTRANCE ASSEMBLY MUST BE ADJUSTED TO ALIGN WITH PLATFORM AND INTERLOCK EQUIPMENT. OTHERS TO ALLOW AN ADEQUATE ROUGH OPENING.
RETURN WALLS - RETURN WALLS AT ENTRANCES MUST BE BUILT-IN BY OTHERS AFTER ENTRANCE ASSEMBLY ARE IN PLACE. ENTRANCE ASSEMBLY MUST BE SECURELY FASTENED TO WALLS BY ELEVATOR CONTRACTOR.

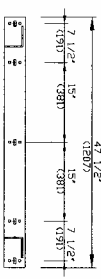
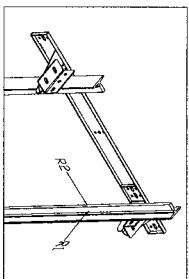
SPECIFICATIONS

GENERAL

CLASSIFICATION: Residential Building
APPLIED CODE: ASME A18.1 PART 2 (Commercial)
MODEL: Voyager
CAPACITY: 750 lbs
NOMINAL SPEED: 30 fpm
TRAVEL: 155"
PIT DEPTH: 15"
POWER SUPPLY: 60Hz Single Phase 220 volt

HYDRAULIC

PUMP MFR: CONCORD
PUMP MODEL: VICKERS 3P
MOTOR: 3.0 hp
VALVE MODEL NO: EPV - B7
VALVE COIL VOLTS: 24 V DC
MAX WORKING PRESSURE: 1600 psi (11032 kPa)
RELIEF VALVE SETTING: MAX 25% ABOVE ACTUAL WORKING PRESSURE
RESERVOIR: 22 Gal.



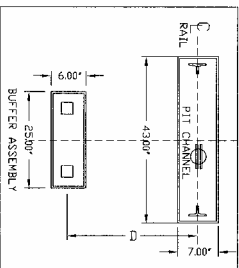
RAIL BRACKET

RAIL FORCES	R3 NOTE:
<div> </div>	PIT FLOOR TO SUPPORT LOAD OF 8.22 kips (INCLUDES IMPACT)
* R1	
* R2	
422 lbf	251 lbf
RAIL WEIGHT: 80 lbs / ft	

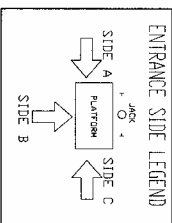
PER TOTAL FULL-CUT FORCE ON RAIL BRACKET, IN MUST BE DERIVED TO 2 x 422 = 844 lbf

FIRST DOOR BY LANDING CHART

DOOR TYPE	LANDING 1	LANDING 2	LANDING 3	LANDING 4
ENTRANCE SIDE	Pro-Auto Door	Pro-Auto Door		
DOOR SWING	Left Hand Swing	Right Hand Swing		
LOCK TYPE	Pro-Lock	Pro-Lock		
AUTO DOOR OPENER				



CAB WIDTH	DIST. CD
48"	26.75"
54"	30.75"
54"	36.75"



CAR FINISH DETAILS

CAB PANEL SELECTION: White Melamine #213
CEILING SELECTION: standard (white)
BRASS CAB PKG REQ'D? no
PIT LIGHT FINISH: Stainless Steel
TRIM CULTUR: Clear Anodized Aluminum
CAR STATION PLATE: Stainless Steel/PI
HAND RAIL TYPE: Cylindrical 5/8" H4 Finish
CAB FLOORING: Plywood Floor
FINISHED FLOOR THICKNESS: 5/8" Finish

CAR DIMENSIONS/PLATFORM GATES

CAB TYPE: Type 1 Left Hand
CAB OPERATION: auto
GATES REQUIRED: Automatic Operated Gates
GATE TYPE: w/field

JACK UNIT

EFFECTIVE STROKE: 79 1/2"
PLUNGER D/D: 2 1/2"
CYLINDER D/D: 3 1/4"
CYLINDER I/D: 2 3/4"
SPLIT CYLINDER? no
COLLAPSED LENGTH: 98 3/4"

SUSPENSION

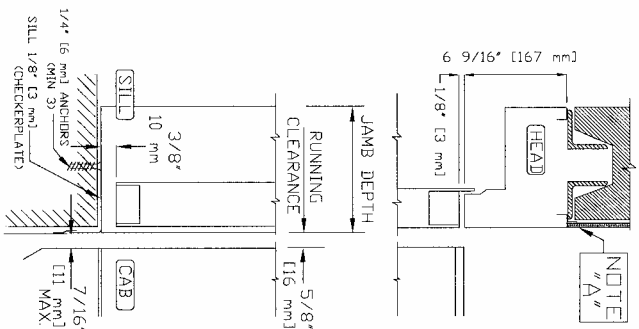
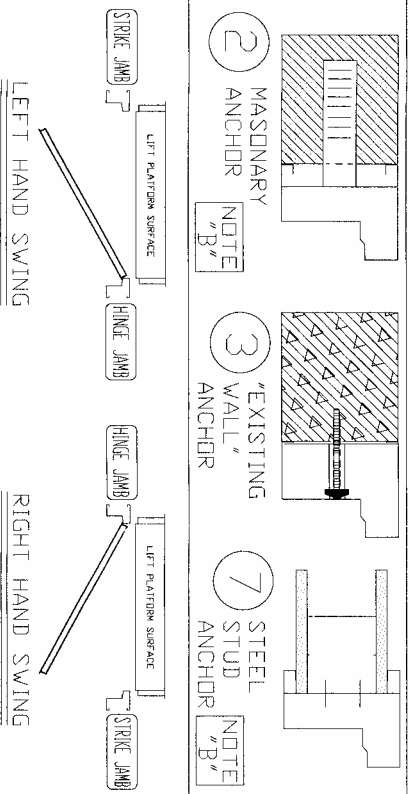
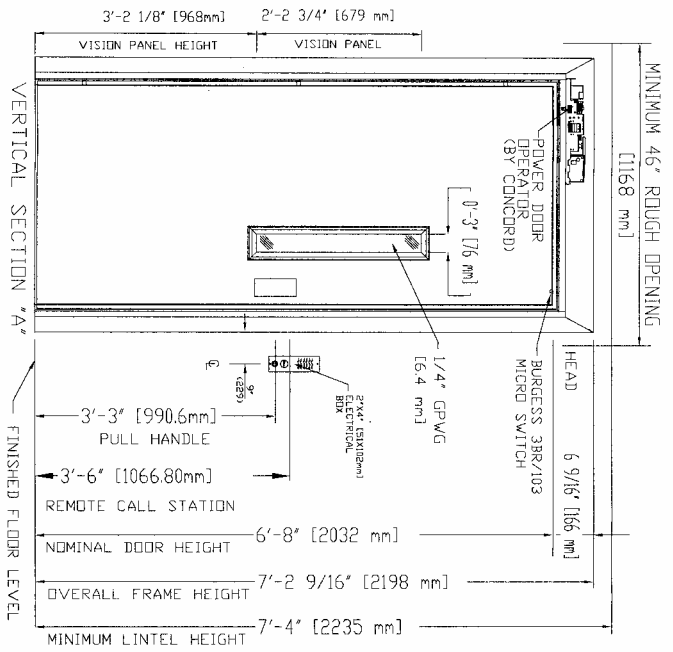
TYPE: AIRCRAFT CABLE 2 X 3/8" DIA.
CONSTRUCTION: 1WRC 7 X 19
NOMINAL STRENGTH: 14,400 lbs Per Cable

DATA SHEET

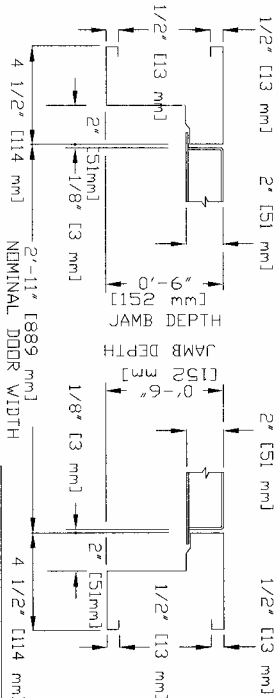
CUSTOMER		PROJECT	
WRIGHT & FILIPPO INC.		40440 Palmer Rd. Canton, MI 48188	
DATE: 12/21/07		REVISION: 1	
DRAWN BY: Auto		CHECKED BY: Auto	
JOB NO. 3		SHEET NO. 4	
SAVARIA CONCORD		Your Accessibility Partners	

OFFICE USE ONLY
CONSTRUCTION VERSION 5100
V-5-29

Part No. 431



VERTICAL SECTION "B"



LANDING ENTRANCE SCHEDULE				
#	LEVEL	ENTRANCE DESIGNATION	FIRE LABEL	ANCHOR TYPE
1	1	LH B C		
2	2	RH B C		
COMMENTS				

PRO-AUTO DOOR
2 HOUR FIRE RATED INSIDE FLUSH DOOR

WRIGHT & FILIPIS INC.
40440 Palmer Rd. Canton, MI 48188

DATE: 12/21/07
REVISION: 12/21/07
CHECKED BY: Auto

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SHEET NO. 4 OF 4